COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER

5853-396

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CAPILLARY RISE TECHNIQUE FOR THE ASSESSMENT OF THE WETTABILITY OF PARTICULATE SURFACES	
the specification of which (check only one item below):	\ \ ''
[] is attached hereto.	4
[x] was filed as U.S. Patent Application Serial Number <u>10/786,991</u> on <u>February 25, 2004</u> , as amended on _ (if applicable).	6
[] was filed as a PCT international application number on, as amended under PCT Article 19 on(if applicable).	
I hereby state that I have reviewed and understand the contents of the above-identification, including the claims, as amended by any amendment referred to above.	∌d
I acknowledge the duty to disclose information which is material to the examination of the application in accordance with Title 37, Code of Federal Regulations §1.56(a).	is
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PC international application(s) designating at least one country other than the United States America filed by me on the same subject matter having a filing date before that of the applications for which priority is claimed:	s) /e CT of
PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. §119:	

PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. §119:					
COUNTRY (If PCT Indicate PCT)	APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)	PRIORITY CLAIMED UNDER 35 USC 119		
		-	[]YES []NO		
			[]YES []NO		
			[]YES []NO		
			[]YES []NO		
			[]YES []NO		

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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

DRIOD ILC. ADDITIONE OD DOT INTERNATIONAL	ADDITIONS DESIGNATING THE U.S. FOR DEVICES HUNDER OF U.S. C. 400.
PRIOR U.S. APPEICATIONS OR PCT INTERNATIONAL	APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS						STATUS (Check One)		
	U.S. APPL	ICATION NUMBER		U	.S. FILING DATE	PATENTE	ABANDONED	PENDING
60/450,025				2/25/03		**		X
	-	PCT APPLI	CATIONS	DESIGNATING	THE U.S.			
	PCT APPLICATION	NUMBER	PCT	FILING DATE	U.S. SERIAL NUMBERS			
30)448 to prosecu	te this application	n and trai	nsact all busines	ppoint registered patent prosin the U.S. Patent and Tr	ademark Offic	ce connected therev	vith.
Akerman Senterfitt Post Office Box 3188 West Palm Beach, FL 33402-3188				1.653.5000				
	FULL NAME OF INVENTOR	FAMILY NAME MOUDGIL			FIRST GIVEN NAME BRIJ	-	ECOND GIVEN NAME M.	
)1	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE			STATE OR COUNTRY FLORIDA		COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5326 NW 67 TH STREET			CITY GAINESVILLE		STATE & ZIP CODE/COU FLORIDA 32653-39	
	FULL NAME OF INVENTOR	FAMILY NAME BROWN			FIRST GIVEN NAME SCOTT	SECOND GIVEN NAME C.		
02	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE			STATE OR COUNTRY FLORIDA		COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2001 SW 18 TH STREET		CITY GAINESVILLE	STATE & ZIP CODE/COUNT FLORIDA 32608/ USA			
	FULL NAME OF INVENTOR	FAMILY NAME OLIVEIRA		FIRST GIVEN NAME ROBERTO		SECOND GIVEN NAME C.		
03	RESIDENCE &	CITY RIO DE JANEI	PO.		STATE OR COUNTRY BRAZIL		COUNTRY OF CITIZENS	HIP
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DATE

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I heroby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are ballieved to be true; and further that these statements were made with the knowledge true willful false statements and the like so made are punishable by time or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may lee united by time application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

DATE 0 19 - 0 4

SIGNATURE OF INVENTOR 203

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY ATTORNEY DOCKET NUMBER 5853-398						
I hereby declare that all statements made herein of my own knowledge ore true and that all statements reside on information and belief are believed to be true; and fulling that shees subtomaris were made with the knowledge that within felse statements and the like so made are punishable by time or application or any patent issuing thereon.						
SIGNATURE OF INVENTOR 20	12					
DATE						
	on and there all statements made inside within tobe statements and the dar and that such will'd false statement and that such will'd false statement and that such will'd false statement and such will such a such will such a such as such a					